PTO/SB/32 (07-06)
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REQUEST FOR ORAL HEARING

BEFORE

Docket Number (Optional)

H0003211-3132

THE BOARD OF PATENT APPE	S _	(BSKB: 2929-0223P)							
	In re Application of Magdy M. SALAMA et al.								
	Application Nu	ımber		Filed					
	10/630,684-Conf. #7661			July 31, 2003					
	For HIGH-VOLTAGE POWER SUPPLY								
	Art Unit	Jnit 2838 Examiner G. L. Laxtor							
Applicant hereby requests an oral hearing before the Board of Patent Appeals and Interferences in the appeal of the above-identified application.									
The fee for this Request for Oral Hearing is (37 CFR 41.20(b)(3)) \$ 1,000.00									
Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is:									
X A check in the amount of the fee is enclosed.									
Payment by credit card. Form PTO-2038 is attached.									
The Director has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet.									
The Director is hereby authorized to charge any fees which may be required, or credit any overpayment									
to Deposit Account No02-2448 I have enclosed a duplicate copy of this sheet.									
A petition for an extension of time under 37 CFR 1.136(b) (PTO/SB/23) is enclosed. For extensions of time in reexamination proceedings, see 37 CFR 1.550.									
1 am the									
applicant/inventor.	nt/inventor.								
assignee of record of the entire in See 37 CFR 3.71. Statement und (Form PTO/SB/96)		(b) is enclosed.	ī	D. Richard Anderson					
(1.6/11.1.1.6/62/66)		-	1	yped or printed name					
x attorney or agent of record.			October 16, 2006						
Registration number 40,43	<u> 39 </u>	Date							
attorney or agent acting under 37	CFR 1.34.								
Registration number if acting under 37	7 CFR 1.34. (703) 205-8035 Telephone number								
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.									

19/17/2006 SZEWDIE1 00000121 10630684 01 FC:1403 1000.00 OP

DRA/mag

X *Total of

forms are submitted.

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KOFFIC		II C Date	Approv	ed for use through	01/31/2007. O	0/SB/17 (07-06) 0MB 0651-0032			
Under the Paperwork Reduction Act of	1995, no person are required to	respond to a collect	ion of informatio	rk Office; U.S. DE n unless it display:	a valid OMB	control number.			
Effective on 12/08/2004.		Complete if Known							
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Application Number 10/		10/630,684-Conf. #7661					
FEE TRANSMITTAL		Filing Date		July 31, 2003					
For FY 2005				Magdy M. SALAMA					
	Examiner Name G. L. Laxton								
Applicant claims small entity statu	Art Unit 2838				_				
TOTAL AMOUNT OF PAYMENT (\$) 1,000.00		Attorney Docket No.		H0003211-3132 (BSKB: 2929-0223P)					
METHOD OF PAYMENT (check all that apply)									
x Check Credit Card Money Order None Other (please identify):									
Deposit Account Deposit Account	Number: 02-2448 Deposit Acc	ount Name:	Birch, Ste	wart, Kolasch	& Birch, LI	<u> </u>			
For the above-identified depo	sit account, the Director is	hereby authoriz	zed to: (checl	k all that apply)					
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee									
Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17									
FEE CALCULATION									
1. BASIC FILING, SEARCH, AND EX	KAMINATION FEES								
Fil		ARCH FEES Small Entity		ATION FEES					
Application Type Fee (\$	Small Entity Fee (\$) Fee (\$)		Fee (\$)	Small Entity Fee (\$)	Fees P	aid (\$)			
Utility 300	150 500	250	200	100					
Design 200	100 100	50	130	65					
Plant 200	100 300	150	160	80					
Reissue 300	150 500	250	600	300					
Provisional 200	100 0	0	0	0					
2. EXCESS CLAIM FEES						Small Entity			
Fee Description		Fee (\$)	Fee (\$)						
Each claim over 20 (including Reiss	•				50	25			
Each independent claim over 3 (inclu	iding Reissues)				200	100			
Multiple dependent claims					360	180			
Total Claims Extra Claims	Fee (\$) Fee F	Paid (\$)		Itiple Depende					
-= X	* =		Fee	<u>(\$)</u>	Fee Paid (\$)	!			
HP = highest number of total claims paid for,		aid (t)				-			
Indep. Claims Extra Claims		Paid (\$)							
HP = highest number of independent claims	·								
3. APPLICATION SIZE FEE If the specification and drawings ex listings under 37 CFR 1.52(e)), t	ceed 100 sheets of paper					-			
sheets or fraction thereof. See 3	5 U.S.C. 41(a)(1)(G) and	37 CFR 1.16(s)							
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$)						Fee Paid (\$)			
- 100 = /50 (round up to a whole number) x									
4. OTHER FEE(S) Fees Paid (\$)									
Non-English Specification, \$130 fee (normall entity discount)						20.00			
Other (e.g., late filing surcharge) 1400 Request for oral hearing						1,000.00			
SUBMITTED BY	V			_					
Signature	\nearrow	Registration No.	40,439	Telephone	(703) 205	-8035			

October 16, 2006

Date

Name (Print/Type)

D. Richard Anderson